ADMINISTRATIVE REVIEW REQUEST

Date of Receipt

Mail to: Department of Child Support Services Public Inquiry and Response Team

Public friquity and Response Team P.O. Box 419064, Mail Station 12a Rancho Cordova, CA 95741-9064

Attention: Administrative Review Process

YOUR NAME: (Last)	(First)	(M.I.)	Daytime Telephone Number:
YOUR ADDRESS: (Street)			
(City)	(State)		(Zip Code)
Social Security Number or Participa	ant Identification Number:		
YOUR Email Address:			
Please provide a DETAILED addressed through your co (If you need more space, you may o	ntact with the State Disbu	rsement U	nit Call Center.
YOUR SIGNATURE:			DATE:

PRIVACY NOTICE: The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when receiving personal information and social security numbers from individuals. Information requested in this format is used by the Department of Child Support Services for the purposes of identification and processing of your request. It is important to furnish all information requested. Failure to provide all information requested may result in the inability of completing a proper review.

The agency unit responsible for maintenance of the information is: Public Inquiry & Response Team, P.O. Box 419064, Rancho Cordova, California 95741-9064, (866) 249-0773. Legal references authorizing solicitation and maintenance of this personal information include Title 42, United States Code §666(a)(13), Title 45, Code of Federal Regulations § 303.35, and Family Code §17212. Copies of this information will be maintained in confidential files of the Department of Child Support Services for 4 years and 4 months after the case is closed. You have the right of access to your submitted request by calling (866) 249-0773.